

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): ROBERT A EVANS	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint)		Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)	
<p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		<input type="checkbox"/> Exhibit A is attached and made a part of this petition.	
X s/ ROBERT A EVANS <small>Signature of Debtor</small>		Exhibit B <small>(To be completed if debtor is an individual whose debts are primarily consumer debts)</small>	
X Not Applicable <small>Signature of Joint Debtor</small>		<p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p>	
10/15/2005 <small>Date</small>		10/15/2005 <small>Signature of Attorney for Debtor(s) Date</small>	
Signature of Attorney X <small>Signature of Attorney for Debtor(s)</small>			
Paul R. Idlas, 6182303 <small>Printed Name of Attorney for Debtor(s) / Bar No.</small>			
Paul R. Idlas <small>Firm Name</small>			
1099 North Corporate Circle Grayslake, IL 60030-1688 <small>Address</small>			
847-223-5555 <small>Telephone Number</small>		847-223-5583 <small>Social Security Number (Required by 11 U.S.C. § 110(c).)</small>	
10/15/2005 <small>Date</small>		<small>Address</small>	
Signature of Debtor (Corporation/Partnership) <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>			
X Not Applicable <small>Signature of Authorized Individual</small>		<small>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</small>	
<small>Printed Name of Authorized Individual</small>		<small>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</small>	
<small>Title of Authorized Individual</small>		X Not Applicable <small>Signature of Bankruptcy Petition Preparer</small>	
<small>Date</small>		<small>Date</small>	
<small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small>			

In re ROBERT A EVANS

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CITICARDS PO BOX 6500 SIOUX FALLS, SD 57117						2,000.00

0 Continuation sheets attached

Subtotal	>	\$2,000.00
Total	>	\$2,000.00

(Report also on Summary of Schedules)

Form 21. STATEMENT OF SOCIAL SECURITY NUMBER

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re

ROBERT A EVANS, Debtor

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Case No.

Address

**288 BIDGEWOOD
ANTIOCH, IL 60002**

Chapter 7

Employer's Tax Identification (EIN) No(s). [if any]:

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Last four digits of Social Security No(s).: **5362** Debtor

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STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): **EVANS, ROBERT, A**

(Check the appropriate box and, if applicable, provide the required information.)

- Debtor has a Social Security Number and it is : 331 - 34 - 5362
(if more than one, state all.)

Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle):

- (Check the appropriate box and, if applicable, provide the required information.)*

Joint Debtor has a Social Security Number and it is : _____ - _____ - _____
(if more than one, state all.)

Joint Debtor does not have a Social Security Number

I declare under penalty of perjury that the foregoing is true and correct.

X s/ ROBERT A EVANS

Signature of Debtor

10/15/2005

Date

***Joint debtors must provide information for both spouses.**

Penalty for making a false statement. Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.